

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/531770

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2		1		1		
3	2		1			
4	1		1			
5	1		1			
6	3		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	2		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	16	←	14	←		←
TOTAL CLAIMS	18		16			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		↓
TOTAL DEP.		←			←	←
TOTAL CLAIMS						